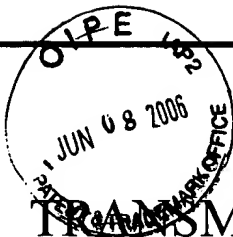


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TRANSMITTAL  
FORM

Application Serial Number	09/833,097
Filing Date	April 10, 2001
First Named Inventor	Kennedy
Group Art Unit	2654
Examiner Name	Shortledge, T.
Attorney Docket No.	HES-001
Patent No.	Not applicable
Issue Date	Not applicable

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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## SIGNATURE BLOCK

Respectfully submitted,  
  
 Date: June 8, 2006  
 Reg. No. 56,401  
 Tel. No.: (617) 570-1057  
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VER 12/00



Express Mail Mailing Label No. EV 689990764 US

PATENT

Attorney Docket No. HES-001

120782-160346

***IN THE UNITED STATES PATENT AND TRADEMARK OFFICE***

APPLICANT: Kennedy  
SERIAL NO.: 09/833,097 ART UNIT: 2654  
FILING DATE: April 10, 2001 EXAMINER: Shortledge, T.  
TITLE: Claim Processing

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO RESTRICTION REQUIREMENT**

This paper responds to the Restriction Requirement mailed from the U.S. Patent and Trademark Office on May 18, 2006. Applicant believes that no extensions-of-time or fees are required for this Response to be entered and considered. However, please consider this a conditional petition for an extension, if one is required, and a conditional authorization to charge any related extension fees or other fees necessary for entry of this paper to Deposit Account No. 07-1700.

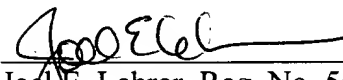
Applicant hereby elects, with traverse, the claims of **Group I**, namely, claims **1-73**, drawn to reviewing and determining how to act on a provision within a healthcare system.

Applicant respectfully requests that the application now revert promptly to examination. Applicant respectfully submits that claims 1-73 are in condition for allowance and requests that the application proceed to issue.

Respectfully submitted,

Date: June 8, 2006

Tel. No.: (617) 570-1057  
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\_\_\_\_\_  
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